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Bib Data Sheet

CONFIRMATION NO. 4090

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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** CONTINUING DATA *****

This appln claims benefit of 60/397,275 07/19/2002 and claims benefit of 60/411,081 09/16/2002
 and claims benefit of 60/417,490 10/10/2002
 and claims benefit of 60/455,777 03/18/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/20/2003

| | | | | |
|--|-------------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 0 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 17 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <i>[Initials]</i> Initials | | | |

ADDRESS

00959

TITLE

Treatment of skin and nail disorders using TNFalpha inhibitors

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|--------------------------------|---|--|
| FILING FEE RECEIVED 3038 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |